



# County of Los Angeles CHIEF EXECUTIVE OFFICE

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April 1, 2010

To: Supervisor Gloria Molina, Chair  
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Supervisor Don Knabe  
Supervisor Michael D. Antonovich

From: William T Fujioka  
Chief Executive Officer

## **FAMILY AND CHILDREN'S INDEX REPLACEMENT SYSTEM ANALYSIS AND RECOMMENDATIONS**

On August 18, 2009, your Board directed the Chief Executive Officer (CEO), in conjunction with the Chief Information Officer (CIO), and the Department of Children and Family Services (DCFS), to verbally report back on August 25, 2009 on its progress to enhance and augment the County's Family and Children's Index (FCI).

On August 25, 2009, your Board instructed the CEO to continue its efforts to enhance and fully implement the FCI "pointer" application. Additionally, the CEO was asked to research other computer systems that could potentially be used to enhance or replace the FCI "pointer" application. The CEO was instructed to report back to your Board with findings and recommendations based on the research conducted.

### Overview of Models Researched

With the assistance of the CIO and DCFS, the CEO reviewed 11 systems from various jurisdictions around the country that use several approaches for sharing information. These systems and some of their key features are summarized in Attachment A, "Summary of Information Sharing Models". The document briefly describes each system, outlines major technical functions, identifies funding sources and costs, and describes mechanisms for addressing confidentiality and the sharing of information. Each system and their technical functions are compared against the legal and functional requirements of California Welfare and Institutions Code (WIC) section 18961.5. This statute governs which technical functions may be used to enhance the County's FCI "pointer" application.

*"To Enrich Lives Through Effective And Caring Service"*

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### Research Findings

Based on the analysis conducted by our Office, in consultation with the CIO and County Counsel, two major conclusions have been reached: (1) none of the systems the team reviewed can be legally used to replace the FCI "pointer" application or used as the basis for establishing a comprehensive information sharing platform pursuant to WIC section 18961.5; and (2) your Board needs to make a policy decision on whether or not we should further explore the establishment of an interagency information sharing system that does not use the FCI "pointer" application as its foundation.

### The FCI Statute

WIC section 18961.5 defines the function of the database as a "pointer" application, as well as the type of allowable information that can be stored in the FCI and outlines how case specific information can be exchanged. It is important to emphasize that any system, no matter how technically capable it may be, would be constrained by the same legal limitations that restrict the current FCI "pointer" application.

Specifically, WIC section 18961.5 authorizes counties to develop a database to serve as a pointer system. Currently, Los Angeles County is the only county in California that has developed a database, which is known as FCI. The law allows FCI to store limited client information and point authorized users of participating agencies to other County agencies that have had contact with the family. Once users are directed to these other agencies, the law requires that confidential, substantive information about a family must be shared through the formation of a Multi-Disciplinary Team (MDT), unless some other legally permissible way to share that information already exists.

### Allowable Information

WIC section 18961.5 requires each county to develop their own "at-risk" definition to determine which families' information will be entered into the FCI. Information stored in the FCI is restricted by WIC section 18961.5 to store only the following type of information:

- A. The name, address, telephone number, and date and place of birth of family members;
- B. The number assigned to the case by each provider agency;
- C. The name and telephone number of each employee assigned to the case from each provider agency; and
- D. The date or dates of contact between each provider agency and a family member or family members.

This information is then imported into FCI from participating agency databases as determined by each agency's internal set of "at-risk" indicators. More case specific information can then be exchanged through MDTs, unless some other legally permissible way of sharing information already exists.

#### Implementation of FCI

In the March 9, 2010 FCI Status Report, the CEO indicated that full implementation of the FCI "pointer" application had been achieved by having all participating County agencies: (1) import allowable data into FCI on a regular basis; (2) share confidential information with other participating agencies, as a result of a matched FCI query, through the formation of MDTs (unless some other legally permissible way to share that information exists); and (3) maintain the capacity to respond to such requests at any time, 24 hours a day, seven days a week.

In addition to achieving full implementation and making some initial technical enhancements, other technical enhancements are underway to track and evaluate the timely requests, responses, and disposition of information shared among participating agencies. These enhancements are being implemented by the County's Internal Services Department, which is responsible for maintaining the FCI "pointer" application.

While some of the systems reviewed had several advanced features that might lend themselves to the type of enhancements being developed, a major drawback is that many of these features are bundled together as a package. As a result, this requires that an entire system be purchased in order to have access to the desired functionality.

#### Changing the FCI Statute

Given the parameters described above, WIC section 18961.5 would have to be substantially amended if the basic purpose or function of the FCI "pointer" application were to be significantly changed from a mere pointer system. For example, the statute would have to be significantly amended in order to allow FCI to access, exchange and store information with other County systems or use information stored in FCI to predict future instances of child abuse and neglect. However, modest changes to the law, such as enhancing the type of information that can be stored in the database would result in significant improvements for children and families by allowing social workers to have more detail about the family before they go out on an investigative visit to the home.

Currently, the CEO, County Counsel, and DCFS are engaged with State Assembly Member, Mike Feuer's office, to amend WIC section 18961.5 and four other related statutes (Attachment B). The proposed language would allow FCI to: store convictions for the 51 predicate offenses that are already imported from the District Attorney's office; store identifying information of nonfamily members residing in a child's home; and clarify and standardize who is allowed to participate in MDTs across each of the statutes. These

changes to the law reflect feedback received from participating FCI agency staff. In addition, the District Attorney has also introduced a bill to facilitate a more expeditious exchange of information among participating FCI agencies by reducing the number of members required to form a MDT from three to two. Ultimately, these changes would allow for better decisions to be made by social workers who investigate allegations of child abuse and neglect by facilitating the exchange of more comprehensive information on a timely basis.

#### Pursuing a County Information Sharing Portal

If your Board directs our Office to pursue this direction, there are a number of existing County-based systems and initiatives that are being developed that can serve as building blocks for this purpose (Attachment C). Additionally, several best practice models that address confidentiality and privacy concerns were identified as part of the research process and have been summarized in Attachment D.

One option to look at is an information sharing portal, which is similar to a Web-based search engine (as opposed to a centralized database system). Conceptually, a portal would allow authorized users to share data seamlessly across a defined continuum of care. Such a system would pull pre-defined case-specific information from various participating agency databases and assemble them into an electronic report that cannot be saved or stored on individual computer systems so as to protect the confidentiality and privacy of clients. Additionally, such a system could be enhanced by: creating controls that prevent waste, fraud, and abuse; providing information that is easily accessed and understood by authorized users; and generating paperless health and human service records to improve service delivery and reduce the total cost of care.

However, to develop such a comprehensive strategy, our Office, in consultation with the CIO, County Counsel, and other County departments currently planning or developing information sharing initiatives, will require concerted time and resources to thoroughly explore the feasibility of establishing an interagency information sharing portal. This will require a review of existing systems and opportunities, as well as an analysis of the numerous federal and State confidentiality and privacy laws that limit the sharing of information.

Additionally, other State and federal laws, such as the Health Insurance Portability and Accountability Act, and the Statewide Automated Child Welfare Information System requirements, will need to be reviewed and considered in the development of such a portal.

Admittedly the pursuit of a County information sharing portal is fraught with many challenges; however, the potential rewards of pursuing this strategy are worth the effort. Establishing such a system would increase systemic efficiencies and generate costs savings (as service duplication and fraud are minimized), improve the allocation of scarce resources, increase accountability, ensure that services are delivered in a more holistic and

client-centered way, and ultimately, assist clients to achieve better outcomes for themselves and their families.

#### Emerging Best Practice Model: New York City's Health and Human Services (HHS)-Connect

The State of New York and the City of New York are engaged in the development of an Information Technology infrastructure that closely mirrors the portal concept described above and enables the sharing of information across respective networks of care.

While many other HHS agencies have adopted this type of model, New York City has moved further along than any other jurisdiction in the country. As different systems and functions are being phased-in over time and HHS-Connect is completely implemented, the system will link more than a dozen City agencies so that caseworkers are able to share client information without compromising confidentiality. At the heart of the system is a common client index (CCI), which is a master registry of client links across several HHS programs. The CCI uses defined rules to match client records from different systems based on demographic data. To be included in a virtual, integrated, Web-accessible case file, clients would only need to provide their personal information once. Additional information, relevant only to specific agencies, will be collected on an as-needed basis.

Development of the system was facilitated by a series of executive orders that required all participating agencies to share their data (unless it was against the law). All agency directors were instructed to cooperate with the Office of the CIO for HHS. In addition, every participating director was required to attend all executive-level technology meetings; no substitute was allowed.

Through the development of a system that provides more comprehensive information about clients and families, agencies and providers can have a greater understanding of their circumstances. Consequently, they can deliver services in a more holistic and integrated way, which ultimately results in better outcomes for children and families.

#### Recommendations

Based on the analysis that led to the conclusions outlined above, it is recommended that your Board:

1. Instruct the CEO, in consultation with the CIO, County Counsel, and other County departments currently planning or developing information sharing initiatives to explore the feasibility of establishing an interagency information sharing portal (that does not use the FCI "pointer" application as its foundation). Such a portal should possess similar functionalities as those contained in New York City's HHS-Connect; and

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2. Confirm the CEO's current direction to continue enhancing the FCI "pointer" application as outlined in the March 9, 2010 FCI Status Report; and to discontinue all efforts related to finding a system to replace its function as a "pointer" application.

If you have any questions or need further assistance, please contact me or your staff may contact Kathy House, Acting Deputy Chief Executive Officer at (213) 974-4530, or via e-mail at [khouse@ceo.lacounty.gov](mailto:khouse@ceo.lacounty.gov).

WTF:KH:LB  
CP:GS:hn

Attachments (4)

c: Executive Office, Board of Supervisors  
County Counsel  
District Attorney  
Sheriff  
Chief Information Office  
Children and Family Services  
Internal Services Department  
Mental Health  
Probation Department  
Public Health  
Public Social Services  
Interagency Council on Child Abuse and Neglect

ATTACHMENT A

SUMMARY OF INFORMATION SHARING MODELS

FAMILY AND CHILDREN'S INDEX  
OVERVIEW

The Family and Children's Index (FCI) is the name given to the Los Angeles County's customized database authorized by Welfare and Institutions Code (WIC) section 18961.5, which was enacted in 1992. The statute allows each county to create a database based on its own standards for defining "at risk". Only information about children or the families of children at risk for child abuse or neglect may be entered into such a system. Also, the statute allows children services, health services, law enforcement, mental health services, probation, schools, and social services agencies within counties to share specific information about families that have had relevant contacts with these agencies and who have been identified as being at risk for child abuse or neglect.

Los Angeles is the only county in California that has created its own database. The database contains approximately two million records collected over a 10-year period. The average yearly cost to maintain the database is \$326,300.

The FCI serves as a "pointer" system to direct the authorized users of a participating department to other county departments who have had contact with the family subject to the initial inquiry. Once users are pointed to the other departments, WIC 18961.5 requires that confidential, substantive information about a family must be shared through the formation of Multi-Disciplinary Teams (MDTs), unless some other legally permissible way to share that information already exists.

The following Los Angeles County departments currently participate in FCI:

- Children and Family Services
- District Attorney
- Mental Health
- Probation
- Public Health
- Public Social Services
- Sheriff

The following is the only information permitted by law to be stored in the database:

1. The name, address, telephone number, and date and place of birth of family members.
2. The number assigned to the case by each provider agency.
3. The name and telephone number of each employee assigned to the case from each provider agency.
4. The date or dates of contact between each provider agency and a family member or family members.

Ultimately, FCI serves as a tool to assist in the investigation of suspected child abuse and neglect. It points staff to other County departments that have information about the children/families that they have come into contact with that have been identified as being at risk for child abuse/neglect. FCI provides staff with a fuller picture of the child's and/or family's situation so that they can make better informed decisions during the course of their investigations.

- Every county can have a computerized database pursuant to WIC 18961.5.
- FCI is not a predictive system. Information can only be obtained by authorized end-user querying the system.
- FCI is a pointer system that directs a user to an agency that has more specific information.
- There is no case specific information contained in the system.

SUMMARY OF INFORMATION SHARING MODELS

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Data System	Description	Technical Feature	Can feature be used within FCI? Yes/No/Limited	If no, why feature cannot be used within FCI?
<p>1.</p> <p><b>Allegheny County, Pittsburgh, Pennsylvania</b></p> <p><b>Department of Human Services</b></p> <p><b>Data Warehouse</b></p> <p><b>Start-up Cost:</b> Since 1997, they have spent over \$3.2 million</p> <p><b>Source of Funding:</b> \$5.85 million from the Human Services Integration Fund (HSIF) within the Pittsburgh foundation</p> <p><b>Yearly Cost:</b> Not known at this point</p> <p><b>Source of Funding:</b> Not known at this point</p>	<p>A data warehouse created to provide services more effectively and more efficiently and integrate the functions of the previously discrete human services departments.</p> <p><b>Note:</b> Structure allows for the sharing of information because related departments have been placed under a single administrative umbrella to form a “super” agency. In 1997, 18 local foundations created the Human Services Integration Fund (HSIF) as a flexible funding pool to support projects and activities that foster integration/restructuring/service provision that are more difficult or impossible to accomplish with public sector dollars.</p> <p><b>Confidentiality:</b> Because the five departments were consolidated into one Human Services department, all functions related to funding, data, personnel, and other administrative services were centralized, therefore eliminating the need for information sharing statues/policies within the department.</p> <p>Separate agreements/MOUs have been set up for other public/private agencies.</p>	Data is drawn from multiple agencies (public and private).	Yes	
		Shares client specific data (i.e., name, address, marital status, race, living arrangements, financial assistance information, etc.).	Limited	WIC 18961.5 only permits basic identifying client and case information to be stored within a database like FCI and only permits the exchange of additional information via MDTs.
		Features a client matching algorithm to determine if client exists in another database.	No	<ul style="list-style-type: none"><li>Client matches can be conducted on information received from other departments that are contained in FCI.</li><li>WIC 18961.5 only permits the exchange of additional information via MDTs.</li></ul>
		Provides centralized case management capabilities.	No	WIC 18961.5 does not authorize a centralized case management system; it merely authorizes a pointer system to direct users to other agencies with information about the client.



SUMMARY OF INFORMATION SHARING MODELS

	Data System	Description	Technical Feature	Can feature be used within FCI? Yes/No/Limited	If no, why feature cannot be used within FCI?
2.	<b>Enterprise Master Person Index (EMPI)</b>  (Under development)  <u><b>Start-up Cost:</b></u> \$5.5 million has been committed for implementation  <u><b>Source of Funding:</b></u> \$1.8 million from CEO \$1.8 million from CIO \$1.8 million from Quality & Productivity Commission  <u><b>Yearly Cost:</b></u> Not known at this point  <u><b>Source of Funding:</b></u> Not known at this point	EMPI is a database application that will contain a unique identifier for every client/patient within a shared master person index for health care organizations. EMPI will automate appropriate medical, case, and service information and provides information across agencies in real-time.  This product will be used to match and share information across multiple departments. The County has not yet selected or deployed an EMPI product. A selection committee has been tasked with finalizing a Request for Proposal (RFP) for a product selection.  The initial user departments will be Children and Family Services (DCFS), Health Services (DHS), and Mental Health (DMH). There would be significant value to the County in later expanding use of EMPI to include Probation, Sheriff, and social services departments as well.  <u><b>Confidentiality:</b></u> A client consent form will be used as well as contractual agreements between entities to ensure information is kept confidential and shared among authorized users only.	A unique identifier will be established for patients/clients receiving care or services in health care organizations.	Yes	
			Once the EMPI unique identifier is assigned, it will be cross referenced to any existing or new patient/client identifiers across the agencies.	Yes	
			EMPI will cross reference patient identifiers across multiple information systems to uniquely identify each patient, perform global patient searches and matching, consolidate duplicate patient records, create complete views of patient information and share data across multiple facilities and information systems in real-time.	No	<ul style="list-style-type: none"><li>WIC 18961.5 only permits basic identifying client and case information to be stored within a database like FCI and only permits the exchange of additional information via MDTs.</li><li>EMPI could serve as a tool for MDT participants to identify and exchange more information with one another.</li></ul>
			The role-based security features of the EMPI will allow the system administrator to effectively control access to Protected Health Information as defined by the Health Insurance Portability and Accountability Act (HIPAA) and other sensitive information so that only authorized users with a clear job-related need for the information will be able to see it.	No	<ul style="list-style-type: none"><li>WIC 18961.5 only permits basic identifying client and case information to be stored within a database like FCI.</li><li>WIC 18961.5 requires that information may only be entered into the system by provider agency employees designated by the head of each participating provider agency who shall establish a system by which unauthorized personnel cannot access the data contained in the system.</li></ul>
			The system can create seamless integration with existing departmental systems and across agencies.	No	Data is imported into FCI from existing provider agency computer systems.

SUMMARY OF INFORMATION SHARING MODELS

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Data System	Description	Technical Feature	Can feature be used within FCI? Yes/No/Limited	If no, why feature cannot be used within FCI?
3.  <b>Marion County, Indianapolis Dawn Project</b>  <b>The Clinical Manager Program (TCM)</b>  <b>Start-up Cost:</b> Price range \$66,000 - \$110,000 based on number of users  <b>Source of Funding:</b> Jurisdiction's funding  <b>Yearly Cost:</b> 16% of Total License Fee. \$1,360 per day + Travel/Expenses for customization needs  <b>Source of Funding:</b> Not known at this point	TCM is a software product created and used by the Dawn Project that serves as both a clinical, medical, and fiscal data sharing/tracking system. The system is used within a specified network of public and private entities and provides billing for health and mental health related activities, (i.e., Medicaid, private insurance).  The TCM is available for purchase by other jurisdictions and can be adapted to another region's needs.  Part of a three region initiative with: <ul style="list-style-type: none"><li>• Mass Mental Health Services Program for Youth (MHSPY)</li><li>• New Jersey System of Care Initiative</li><li>• Dawn Project</li></ul> <b>Confidentiality:</b> Informed consent form is used for clients. Confidentiality agreements exist between agencies that are part of the network.	Stores basic client level demographic information.	Yes	
		Stores the following additional demographic information: <ul style="list-style-type: none"><li>• Assessments</li><li>• Treatment Plans</li><li>• Child and Family Team meetings</li><li>• Clinical notes</li><li>• Court reports</li><li>• Utilization</li><li>• Education</li></ul>	No	WIC 18961.5 only permits basic identifying client and case information to be stored within a database like FCI.
		Stores billing information.	No	WIC 18961.5 only permits basic identifying client and case information to be stored within a database like FCI.

SUMMARY OF INFORMATION SHARING MODELS

Data System		Description	Technical Feature	Can feature be used within FCI? Yes/No/Limited	If no, why feature cannot be used within FCI?
4.	<b>Long Beach Network for Health (LBNH)</b>  <b>Initiate Software-MedPlus<sup>1</sup></b>  <u><b>Start-up Cost:</b></u> Information was not provided by organization  <u><b>Source of Funding:</b></u> Information was not provided by organization  <u><b>Yearly Cost:</b></u> Information was not provided by organization  <u><b>Source of Funding:</b></u> Information was not provided by organization	MedPlus is a Health Information Exchange software system allowing medical organizations to share/exchange patient data with the LBNH.  The MedPlus clinical portal and data exchange engine is a web-enabled application supported by a federated data architecture.  <u><b>Confidentiality:</b></u> Still resolving County Counsel data sharing issues. Some data agreements have been executed between participating health care agencies.	Organizations within the network share comprehensive HIPAA-compliant patient clinical information in real-time.	No	W/C 18961.5 does not authorize a health information exchange system. It merely authorizes a pointer system to direct users to other agencies with information about the client.
			Health care interoperability software stores identifying information (marital status, driver's license, gender, SSN, race, etc.). Other identifying information regarding patient care and services is included.	No	W/C 18961.5 only permits basic identifying client and case information to be stored within a database like FCI.
			Real-time access to patient medical records for all authorized users.	No	W/C 18961.5 only permits the exchange of additional information via MDTs.
			Introduces electronic patient registration.	No	W/C 18961.5 only permits basic client demographic information to be stored within a database like FCI.
			Utilizes inpatient/outpatient medical remote coding.	No	W/C 18961.5 only permits basic client demographic information to be stored within a database like FCI.

<sup>1</sup> LBNH was reluctant to provide budget information so as not to negatively impact their eligibility to bid for a County Health Information System RFP soon to be released.

SUMMARY OF INFORMATION SHARING MODELS

ATTACHMENT A

Data System	Description	Technical Feature	Can feature be used within FCI? Yes/No/Limited	If no, why feature cannot be used within FCI?
<p>5. <b>Los Angeles County Sheriff Department (LASD)</b></p> <p><b>CopLINK</b></p> <p><b>Start-up Cost:</b> \$7 million</p> <p><b>Source of Funding:</b> \$4.5 million - Urban Area Security Initiative (UASI) grants</p> <p>\$2.5 million - LASD provided matching funds</p> <p><b>Yearly Cost:</b> \$420,000</p> <p><b>Source of Funding:</b> LASD provides ongoing maintenance costs</p>	<p>Created to assist investigators in solving crimes by providing information on persons, objects, location of contacts, and their relationships.</p> <p><b>Confidentiality:</b> Memoranda of Understandings (MOUs) between agencies.</p> <p><b>Note:</b> There are mechanisms in place to synchronize the restrictions so that CopLINK is in compliance with the source systems.</p>	Uncovers hidden relationships and associations.	No	WIC 18961.5 does not authorize an investigative system. It merely authorizes a pointer system to direct users to other agencies with information about the client.
		Draws data from multiple police agencies.	Yes	
		Contains copies of criminal documents.	No	WIC 18961.5 only permits basic identifying client and case information to be stored within a database like FCI.
		Provides monitoring attributes.	No	WIC 18961.5 does not authorize a proactive monitoring system. It merely authorizes a pointer system to direct users to other agencies with information about the client.
		Provides notifications for new activity (new data imported).	No	Data is imported into FCI from existing provider agency computer systems.
		Shares client specific data (i.e., name, address, arrest records, personal markings, photos, etc.).	No	WIC 18961.5 only permits basic identifying client and case information to be stored within a database like FCI and only permits the exchange of additional information via MDTs.
Customized reports (customized geographic reports, Hot spots, by region, activity, etc.).		Yes		

SUMMARY OF INFORMATION SHARING MODELS

	Data System	Description	Technical Feature	Can feature be used within FCI? Yes/No/Limited	If no, why feature cannot be used within FCI?
6.	<b>State of Nebraska, Health and Human Services</b>  <b>N-Focus</b>  <b><u>Start-up Cost</u></b> <b>(1991 – 1998)</b> \$14.7 million: State General Funds; \$27.2 million: Federal funds  (1995-2003) \$4.75 million: State General Funds; \$11.85 million: Federal Funds; Total: \$58.5 million  <b><u>Source of Funding:</u></b> Combination of Federal and State funds  <b><u>Yearly Cost:</u></b> \$13 – \$14 million  <b><u>Source of Funding:</u></b> Combination of Federal and State funds	N-Focus integrates individually maintained Health and Human Services programs into one automated system.  N-Focus also automates the handling of client, resource, and payment information. Other N-Focus characteristics include: single access worker; interactive interview; expert system technology; on-line policy and help; alerts; seamless access to information; and client/server technology.  <b><u>Confidentiality:</u></b> Nebraska's Health and Human Services departments are organized under one administrative structure. Contractors are authorized access based on job duties. Access can be at a local office site or via a secure web access using Citrix.  Nebraska uses Resource Access Control Facility (RACF) software to maintain security. There are 42 different profiles that can be assigned to staff based on confidentiality regulations.  Access is controlled by a defined network of staff and procedures. Users can access information via a specific person, a master case or a provider. Any shared data, such as address, is available across the system.	Users can access information via authorized staff. Any shared data, such as address, is available across the system.	Yes	
			Users can access information via a master case or a provider.	No	WIC 18961.5 only permits basic identifying client and case information to be stored within a database like FCI and only permits the exchange of additional information via MDTs.
			Nebraska uses Resource Access Control Facility (RACF) software to maintain security.	Yes	
			There are 42 different profiles that can be assigned to staff based on confidentiality regulations.		
			The integrated database allows for a household's data to be entered once, and data is available to multiple users.	No	WIC 18961.5 only permits basic identifying client and case information to be stored within a database like FCI and only permits the exchange of additional information via MDTs.
			N-Focus determines eligibility and issues benefits (direct payments and provider claims) for over 39 programs.	No	Feature would require all departments' systems to be integrated; would need to overcome confidentiality laws.
			Provides automated budgeting for programs.	No	WIC 18961.5 only permits basic client demographic information to be stored within a database like FCI.
			Provides adult and child abuse/neglect tracking, access can be at a local office site or via a secure web access using Citrix.	Yes	
			Access can be at a local office site or via a secure web access using Citrix.	Yes	

SUMMARY OF INFORMATION SHARING MODELS

ATTACHMENT A

Data System	Description	Technical Feature	Can feature be used within FCI? Yes/No/Limited	If no, why feature cannot be used within FCI?
7.  <b>State of New Jersey System of Care Initiative<sup>2</sup></b>  <b>Absolute IS</b>  <b><u>Start-up Cost:</u></b> Not provided  <b><u>Source of Funding:</u></b> Not provided  <b><u>Yearly Cost:</u></b> Not provided  <b><u>Source of Funding:</u></b> Not provided	<p>Clinical information system to manage and store child and family records. One protected electronic record keeps all child and family information in one place with the capacity for 4,000 users statewide to access these electronic records as needed.</p> <p><b><u>Confidentiality:</u></b> Confidentiality agreements with each participating entity.  Informed consent for clients.</p>	<p>Shares client specific data to be used to coordinate services across multiple agencies (e.g., assessment type, family size, benefit eligibility, and case level information).</p> <p>Data mining capabilities.</p>	<p>No</p> <p>No</p>	<p>WIC 18961.5 only permits basic identifying client and case demographic information to be stored within a database like FCI and only permits the exchange of additional information via MDTs.</p> <p>WIC 18961.5 does not authorize a data mining system. It merely authorizes a pointer system to direct users to other agencies with information about the client.</p>

<sup>2</sup> Numerous calls and emails were made to New Jersey and no response was received.







SUMMARY OF INFORMATION SHARING MODELS

	Data System	Description	Technical Feature	Can feature be used within FCI? Yes/No/Limited	If no, why feature cannot be used within FCI?
9a.	<b>Alameda County, California Social Services Agency</b>  <b>Social Services Integrated Reporting System (SSIRS)</b>  <b>Entity Analytic Solutions (EAS)</b>  <b>Start-up Cost</b> Estimate \$1.8 million  <b>Source of Funding</b> CalWORKs Budget Allocation, Casey Foundation, and training budget  <b>Yearly Cost</b> Estimate \$563,000  <b>Source of Funding</b> CalWORKs Budget allocation, Casey Foundation, and State	SSIRS utilizes elements of the IBM EAS system and creates a single view of the client and their relationships across several source systems for their data warehouse which is providing centralized reporting to case workers through Cognos. The data warehouse also includes case and transactional data from several production systems including CalWin, Probation, and Child Welfare System/Case Management System. Over 200 tables all resolved to the EAS unique person IDs.  <b>Confidentiality:</b> MOUs have been developed between the social services agencies to allow for the sharing of client information.	Same as Model #9.	Limited	WIC 18961.5 only permits basic identifying client and case information to be stored within a database like FCI.
			Same as Model #9, excluding Anonymous Data Sharing feature.	No	WIC 18961.5 only permits basic identifying client and case information to be stored within a database like FCI and only permits the exchange of additional information via MDTs.
			Same as Model #9.	No	WIC 18961.5 does not authorize a proactive warning system. It merely authorizes a pointer system to direct users to other agencies with information about the client.
			Same as Model #9.	Limited	WIC 18961.5 only permits basic identifying client and case information to be stored within a database like FCI.
			Same as Model #9.	Limited	WIC 18961.5 only permits basic identifying client and case information to be stored within a database like FCI.
			Same as Model #9.	No	WIC 18961.5 does not authorize an analytical or predictive or performance tracking system. It merely authorizes a pointer system to direct users to other agencies with information about the client.

SUMMARY OF INFORMATION SHARING MODELS

ATTACHMENT A

Data System	Description	Technical Feature	Can feature be used within FCI? Yes/No/Limited	If no, why feature cannot be used within FCI?
<p>9b.</p> <p>State of Nevada, Carson County Division of Welfare and Supportive Services</p> <p>IBM Relationship Resolution Software includes Entity Analytic Solutions (EAS)</p> <p>Start Up Costs FY 2006, \$343,734 purchase of system</p> <p>Source of Funding Federal Funds</p> <p>Yearly Costs FY 2007-\$83,077 FY 2008-\$126,140 FY 2009-\$141,136</p> <p>Source of Funding Federal and State Fund</p>	<p>The EAS repository stores demographic information only used to determine whether or not a person already exists in the system. Nevada built a front end web application that uses EAS to present back a list of possible matches that workers can use to make the determination to either add the person as new or match the person to someone who already exists. A better person resolution process reduced duplicate entries in the Nevada Operations Multi-Automated Data Systems (NOMADS).</p> <p>The web application allows the worker, if they have the authority to do so, to drill down further into a person's case information to help the worker determine whether this is the correct person.</p> <p><b>Confidentiality</b> Case management system for social workers within the Division of Welfare and Supportive Services and information is not shared outside of the Division. Self contained case management system.</p>	Same as Model #9.	Limited	WIC 18961.5 only permits basic identifying client and case information to be stored within a database like FCI.
		Same as Model #9.	No	WIC 18961.5 only permits basic identifying client and case information to be stored within a database like FCI and only permits the exchange of additional information via MDTs.
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		Same as Model #9.	Limited	WIC 18961.5 only permits basic identifying client and case information to be stored within a database like FCI.
		Same as Model #9.	No	WIC 18961.5 does not authorize an analytical or predictive or performance tracking system. It merely authorizes a pointer system to direct users to other agencies with information about the client.

## ATTACHMENT B

### **AB 2322 Information Sharing To Prevent Child Abuse and Neglect Bill Summary**

The bill seeks to make legislative changes to five child welfare-related statutes addressing information sharing between County departments and other government agencies.

Specifically, the bill amends all of the five statutes to make uniform the purpose and goal for which records are shared, including prevention, identification, management or treatment of child abuse or neglect.

Additionally, the bill substantially amends Welfare and Institutions Code (WIC) section 18961.5 by expanding: 1) the type of data collected under this statute to include information on persons other than family members living in the home, as well as convictions of family members and persons that live in the child's home to provide better coordination between County departments and authorized agencies; and 2) the information sharing ability for the purpose of investigating or providing child welfare services to a child or child's family at risk for child abuse or neglect.

Below are the statutes being amended by this bill.

#### WIC Sections:

- |           |  |
|-----------|--|
| § 830     | Disclosure of confidential records relating to child abuse                                     |
| § 5328    | Confidentiality of records; Authorized disclosures   |
| § 10850.1 | Disclosure of confidential records relating to abuse of children, elders, or dependent persons |
| § 18951   | Terms used in chapter  |
| § 18961.5 | Computerized data base system regarding at-risk families                                       |

**Building Blocks:  
Examples of Los Angeles County Information Sharing Applications**

**Enterprise Master Patient Index (EMPI) Application – Under Development**

The EMPI is a database application that will contain a unique identifier for every client/patient in the enterprise. The EMPI concept is a state-of-the-art application utilizing a self-tuning internal matching algorithm. An EMPI will have one of the following matching algorithms:

- Deterministic indexing where one can search based on an exact match of the combination of name, social security number, date of birth and sex, or
- Rules-Based via the first four letters of the last name, or other key identifiers.

The best search mechanism is probabilistic searching via the soundex formula. This methodology improves the matching criteria.

A self-tuning algorithm will continuously tune its matching scores to the Los Angeles County population surnames. Over time, this application ensures the best possible results in linking personal records across the County enterprise.

Gartner, a technology industry tracking vendor rated both QuadraMed and Initiate (Initiate is another EMPI supplier recently purchased by IBM) EMPI solution highly.

Capabilities: This product would be used to match and share information across multiple departments. Note, the County has not yet selected or deployed an EMPI product. A selection committee has been tasked with finalizing a Request for Proposal for a product selection.

**IBM Business Intelligence Software**

The IBM/Cognos business intelligence toolset provides County departments with the following capabilities:

- Reporting that provides access to a complete list of self-serve report types and is adaptable to any data source for a variety of benefits, such as multilingual reporting, ad hoc query, and scheduling;
- Analysis that enables guided exploration of information that pertains to all dimensions of a department's business, regardless of where the data is stored;

- Business dashboards that communicate complex information quickly, translating information from various County systems and data into presentations using gauges, maps, charts and other graphical elements to show multiple results together;
- Balanced Scorecards that help align teams and tactics with strategy, communicate goals consistently, and monitor performance against targets; and,
- Extract, transform and load tools that extract data from various transaction databases, and transform the data into information for loading into reporting structures.

Capabilities: Business intelligence (BI) tools report, analyze and present data previously stored in a database, data mart or data warehouse. Multiple County departments now have the ability to utilize ISD's central BI infrastructure to build reporting databases, data marts or data warehouses for the sharing of information across County departments. IBM has a predictive analytical toolset, Statistical Package for Social Science that will be added to IBM's enterprise software agreement with the County for use in analyzing and predicting trends within data sets.

### **Oracle Database Software**

Oracle Database Software manages and structures data held on departmental computers and provides the following:

- A database query language that allows users to interact with the database, analyze its data and update its content;
- Assignment of security that limits access privileges for changing data within the database; and,
- Computation for counting, summing, averaging, sorting, grouping, cross-referencing, etc.

Capabilities: Oracle databases are used by County departments for increased performance, scalability, security and reliability servers running Windows, Linux, and UNIX. It provides features to easily manage transaction processing, business intelligence, and content management applications. Oracle has high-performance data warehousing, online analytic processing, and data mining that can be accessed through the County's Oracle software license agreement:

- Oracle Data Miner provides a graphical user interface that helps customers mine their Oracle database to find valuable hidden information, patterns, and new insights; and,

- Oracle Spreadsheet Add-In for Predictive Analytics which enables users to mine their Oracle Database using simple 'one click' Predict and Explain analytics features.

## **SAS Data Mining Software**

SAS data mining software extracts patterns from data to transform data into information. It is commonly used in a wide-range of profiling practices, such as surveillance, fraud detection and scientific discovery.

Capabilities: SAS provides a set of predictive and descriptive modeling algorithms such as: decision trees, gradient boosting, least angular regression, neural networks, linear and logistic regression, partial least squares regression etc. for fraud detection, and MediCal reimbursement matching by:

- Streamlining the data mining process to create highly accurate predictive and descriptive models based on analysis of vast amounts of data across the enterprise; and,
- Enhancing accuracy of predictions and sharing of reliable information, improving the quality of analytical decisions.

## ATTACHMENT D

### **Summary of Best Practices for Addressing Confidentiality and Privacy Issues to Promote Information Sharing**

#### **Allegheny County – Pittsburgh, Pennsylvania**

All five human services departments have been consolidated into one “super” department, therefore, eliminating barriers to sharing across multiple entities.

Separate agreements and Memorandums of Understanding (MOU) are used with other public/private agencies.

#### **Enterprise Master Person Index (EMPI)**

Client consent forms will be used, in addition to contractual agreements between entities. Information is only shared among authorized users (under development in Los Angeles County).

#### **Marion County, Indianapolis – The Dawn Project**

Client consent forms are used, in addition to confidentiality agreements between agencies within the managed care network.

#### **Long Beach Network for Health (LBNH) – Initiate Software – MedPlus**

Some interagency contractual agreements have been executed between the participating health care agencies. However, some data sharing issues for Los Angeles County are relative to its full participation.

#### **Los Angeles County Sheriff's Department (LASD) – CopLINK**

MOUs have been executed between agencies.

#### **State of Nebraska, Health and Human Services – N-FOCUS**

All human services departments operate under one administrative structure, therefore, this eliminates barriers for sharing information across multiple entities.

Contractors are given certain levels of access based on job duties and confidentiality regulations. Access is controlled by a defined network of staff and procedures.

#### **State of New Jersey System of Care Initiative – Absolute IS**

Client consent forms are used, in addition to confidentiality agreements between agencies within the managed care network.

#### **Pennsylvania County – Child and Adolescent Service Program – Performance Outcome Management System (POMS)**

Client consent forms will be used, in addition to contractual agreements between entities. Information is only shared among authorized users.

#### **Alameda County, California – Social Services Integrated Reporting System (SSIRS) - IBM**

MOUs have been executed between social services agencies.

#### **State of Nevada, Carson County Division of Welfare and Supportive Services – IBM**

Case management system for social workers within the Division of Welfare and Supportive Services and information is not shared outside of the Division. Self contained case management system.